

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

09/840812

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEES
	\$.....
X \$..... =	
X \$..... =	
+ \$..... =	

TOTAL

TOTAL

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

11-4-05 (Column 1)

(Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	
					AMOUNT	ADDITIONAL FEE
Total (37 CFR 1.16(c))	6	Minus	** 20	=		
Independent (37 CFR 1.16(b))	4	Minus	*** 4	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
X \$..... =	
X \$..... =	
+ \$..... =	
TOTAL ADD'L FEE	

(Column 1)

(Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	
					AMOUNT	ADDITIONAL FEE
Total (37 CFR 1.16(c))		Minus	**	=		
Independent (37 CFR 1.16(b))		Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						

RATE

OR

ADDITIONAL
FEE

RATE	ADDITIONAL FEE
X \$..... =	
X \$..... =	
+ \$..... =	
TOTAL ADD'L FEE	

(Column 1)

(Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	
					AMOUNT	ADDITIONAL FEE
Total (37 CFR 1.16(c))		Minus	**	=		
Independent (37 CFR 1.16(b))		Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						

RATE

OR

ADDITIONAL
FEE

RATE	ADDITIONAL FEE
X \$..... =	
X \$..... =	
+ \$..... =	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

09/00/0072
ALL FEES

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	10	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	10 minus 20 =	0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESUMPTIVE EXTRA
Total	8	20	-
Independent	4	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESUMPTIVE EXTRA
Total	8	20	-
Independent	4	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESUMPTIVE EXTRA
Total	8	20	-
Independent	4	4	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

If entry in column 1 is less than the entry in column 2, enter "0" in column 2.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE <input type="checkbox"/>		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASE FEE	\$35.00	BASE FEE	\$70.00
X\$0-		X\$10-	
X\$10-		X\$20-	
+135-		+270-	
TOTAL		OR TOTAL	710

SMALL ENTITY TYPE <input type="checkbox"/>		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$0-		X\$10-	
X\$10-		X\$20-	710
+135-		+270-	
TOTAL ADDITIONAL FEE		OR TOTAL ADDITIONAL FEE	

SMALL ENTITY TYPE <input type="checkbox"/>		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$0-		X\$10-	
X\$10-		X\$20-	
+135-		+270-	
TOTAL ADDITIONAL FEE		OR TOTAL ADDITIONAL FEE	

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